



DEPARTMENT OF ADMINISTRATIVE SERVICES
STATEWIDE SECURITY UNIT
PICTURE IDENTIFICATION REQUEST FORM

Please complete all the information fields on this form. Applications will not be accepted or processed unless they are legible, fully completed and approved by YOUR agency Human Resources Representative.

A driver's license or other form of picture identification must be presented in order to have your picture identification made.

Note; modified or altered Picture Identification Request Forms will not be accepted.

PLEASE PRINT CLEARLY

Type of Picture Identification requested (check one) (Note: Non-State employees get a 1 year expiration date)

- ☐ State Employee ☐ Contractor/Vendor ☐ Temp/Intern., Exp Date: _____
☐ Contract Security ☐ Consultant, Exp Date: _____
☐ Other: _____, Exp Date _____ ☐ State Board, Exp Date: _____

Agency/Vendor: _____ **Telephone:** _____

Division/Unit: _____ **Room #:** _____

- ☐ Central Office ☐ Area Office ☐ Facility

Address: City: _____ **State/Zip:** _____

Last Name: _____ **First Name/MI:** _____

Employee Title/Board Name: _____

Date of Birth: _____ **Height:** _____ **Eye Color:** _____ **Hair Color:** _____

Supervisor's Name (Printed): _____ **Tel. No.** _____

Human Resources Representative (Printed): _____

Human Resources Signature: _____ **Tel. No.** _____

PLEASE READ ACKNOWLEDGEMENTS (Initial Boxes)

☐ Human Resources signature verifies that the above named individual requesting a Picture Identification Card is currently a State employee or is not a State employee but requires picture identification for use at the specified Agency as noted above. Note: a new Picture Identification Request form must be filled out for all replacement IDs requested.

☐ Upon signing this request and taking possession of the picture ID, holder acknowledges that upon separation from state service or separation from state agency, they are responsible for returning the Picture ID to their personnel department. Employee further acknowledges that if the ID is broken, damaged, lost, misplaced or stolen, they will immediately notify the Human Resources Department for a replacement being issued. There is a \$10 fee payable to the State's Treasurer's Office for a replacement picture id.

Make check payable to: "State Treasurer's Office"

☐ Picture Identification must be visible worn while in any State of Connecticut property, owned/leased or doing State business in.

Employee's Signature Acknowledges picture was taken

Date

Special Instructions - Picture ID Distribution Status

- ☐ Distribute Picture Identification to Requestor
☐ Hold by Agency Request, send to/pick up by Agency Human Resources

DAS/SSU USE ONLY

Replacement Id# _____

Photographer Initials _____